Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF OHIO	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	John First name  Williard  Middle name	_	Angela First name Ann Middle name
	Bring your picture identification to your meeting with the trustee.	Toothman, Jr Last name and Suffix (Sr., Jr., II, III)	_	Toothman  Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6299		xxx-xx-2637

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	I have not used any business name or EINs.  Business name(s)  EINs	■ I have not used any business name or EINs.  Business name(s)  EINs
5.	Where you live	2267 Brenner Rd NE	If Debtor 2 lives at a different address:
		Carrollton, OH 44615  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Carroll	County
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

	btor 1 John Williard To btor 2 Angela Ann Too				Case number (if known)
Par	rt 2: Tell the Court Abou	t Your Bankruptcy (	case		
7.	The chapter of the Bankruptcy Code you ar		brief description of each, see		v 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box.
	choosing to file under	Chapter 7			
		☐ Chapter 11			
		☐ Chapter 12			
		☐ Chapter 13			
		- Chapter 15			
8.	How you will pay the fee	about how y	you may pay. Typically, if you ir attorney is submitting your	are paying the fee yo	ck with the clerk's office in your local court for more details ourself, you may pay with cash, cashier's check, or money half, your attorney may pay with a credit card or check with
			ay the fee in installments. If Fee in Installments (Official Fo		on, sign and attach the Application for Individuals to Pay
		☐ I request the but is not reapplies to y	nat my fee be waived (You m quired to, waive your fee, and our family size and you are u	nay request this option d may do so only if you nable to pay the fee i	on only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out icial Form 103B) and file it with your petition.
9.	Have you filed for bankruptcy within the last 8 years?	■ No.			
		Distric	i	When	Case number
		Distric		When	Case number
		Distric	i	When	Case number
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No □ Yes.			
		Debtor			Relationship to you
		Distric		When	Case number, if known
		Debtor			Relationship to you
		Distric	i	When	Case number, if known
11.	, ,	□ No. Go to	line 12.		
	residence?	■ Yes. Has y	our landlord obtained an evid	ction judgment agains	st you?
			No. Go to line 12.		
			Yes. Fill out <i>Initial Stateme</i> bankruptcy petition.	ent About an Eviction	Judgment Against You (Form 101A) and file it with this

	otor 1 John Williard Toot otor 2 Angela Ann Tooth			Case number (if known)
Par	Report About Any Bu	sinesses `	ou Own as a Sole Proprieto	r
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
		☐ Yes.	Name and location of busing	ess
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, State	& ZIP Code
	it to this petition.		Check the appropriate box	to describe your business:
			☐ Health Care Busine	ss (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset Real E	state (as defined in 11 U.S.C. § 101(51B))
			☐ Stockbroker (as def	ined in 11 U.S.C. § 101(53A))
			☐ Commodity Broker	(as defined in 11 U.S.C. § 101(6))
			☐ None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	. If you indicate that you are a	ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am not filing under Chapte	er 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 1° Code.	1, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Chapter 1	1 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardous Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is	■ No.		
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	
			٦	Number, Street, City, State & Zip Code

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

## Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

## ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

## ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	otor 1 John Williard Too otor 2 Angela Ann Tooth		r	Case r	number (if known)
Par	t 6: Answer These Quest	tions for R	eporting Purposes		
16.	What kind of debts do you have?	16a.	Are your debts primarily consi		e defined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		ness debts? Business debts are elected or through the operation of the	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you owe	that are not consumer debts or be	usiness debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. 0	Go to line 18.	
	Do you estimate that after any exempt property is excluded and	■ Yes.		rou estimate that after any exemp ble to distribute to unsecured cred	t property is excluded and administrative expenses ditors?
	administrative expenses are paid that funds will		■ No		
	be available for distribution to unsecured creditors?		☐ Yes		
18.	How many Creditors do you estimate that you	■ 1-49 □ 50-99		☐ 1,000-5,000 ☐ 5001-10,000	□ 25,001-50,000 □ 50,001-100,000
	owe?	☐ 100-1 ☐ 200-9	99	10,001-25,000	☐ More than100,000
19.	How much do you estimate your assets to	<b>\$0 - \$</b>		☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion
	be worth?	□ \$100,	01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$10,000,000,001 - \$50 billion
20.	How much do you estimate your liabilities	□ \$0 - \$	·	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion
	to be?		01 - \$100,000 001 - \$500,000	□ \$50,000,001 - \$50 million	
			001 - \$1 million	□ \$100,000,001 - \$500 millio	m More than \$50 billion
Par	t 7: Sign Below				
For	you	I have ex	amined this petition, and I declare	e under penalty of perjury that the	information provided is true and correct.
					igible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7.
			rney represents me and I did not p t, I have obtained and read the no		o is not an attorney to help me fill out this (b).
		I request	relief in accordance with the chap	oter of title 11, United States Code	e, specified in this petition.
			cy case can result in fines up to \$		oney or property by fraud in connection with a o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		/s/ Johr	Williard Toothman, Jr		Ann Toothman
			illiard Toothman, Jr e of Debtor 1	Angela Ani Signature of	n <b>Toothman</b> Debtor 2
		Executed	February 11, 2019  MM / DD / YYYY	Executed on	February 11, 2019 MM / DD / YYYY

Page 6 of 60

Debtor 1 John Williard To Debtor 2 Angela Ann Too	•	Case number (if known)	
For your attorney, if you are epresented by one	under Chapter 7, 11, 12, or 13 of title 11, United	etition, declare that I have informed the debtor(s) about eligibility to proced States Code, and have explained the relief available under each chapte at I have delivered to the debtor(s) the notice required by 11 U.S.C. § 34:	er
f you are not represented by in attorney, you do not need o file this page.	and, in a case in which § 707(b)(4)(D) applies,	certify that I have no knowledge after an inquiry that the information in th	
	/s/ John H. Hornbrook	Date February 11 2019	

Date	1 Coluary 11, 2013
	MM / DD / YYYY
Email address	bankruptcy_attys@yahoo.com

E:u-			
	this information to identify your case:		
Debt	or 1 John Williard Toothman, Jr  First Name Middle Name Last Name		
Debt (Spou	or 2 Angela Ann Toothman  e if, filing) First Name Middle Name Last Name		
Unite	d States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO		
Case	number		
(if kno	n)	_	k if this is an nded filing
	cial Form 106Sum		
	nmary of Your Assets and Liabilities and Certain Statistical Information		12/15
infori	complete and accurate as possible. If two married people are filing together, both are equally responsible for nation. Fill out all of your schedules first; then complete the information on this form. If you are filing amendoriginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.  Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	¢	0.00
	1a. Copy line 55, Total real estate, from Schedule A/B	Φ	
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	6,886.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	6,886.00
Part	Summarize Your Liabilities		
			iabilities nt you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	7,500.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	42,870.00
	Your total liabilities	\$	50,370.00
Part	Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,300.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,299.00
Part	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	l, family, or

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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the court with your other schedules.

Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,937.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	14,871.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	14,871.00

			n, Jr		
Spouse,	. 0	First Name	Middle Name Last Name		
nited	「∠ , if filing)	Angela Ann Toothman First Name	Middle Name Last Name		
	States Ba	ankruptcy Court for the: NOR1	THERN DISTRICT OF OHIO		
					_
ase r	number _				☐ Check if this is ar amended filing
		orm 106A/B			
<u>ich</u>	<u>redul</u>	e A/B: Property	y		12/15
ink it f forma	fits best. B	Be as complete and accurate as per re space is needed, attach a separ	<ul> <li>List an asset only once. If an asset fits in more than operating two married people are filing together, both a rate sheet to this form. On the top of any additional pages</li> </ul>	are equally responsible for su	upplying correct
art 1:	Describe	Each Residence, Building, Land,	or Other Real Estate You Own or Have an Interest In		
Do yo	ou own or l	have any legal or equitable intere	st in any residence, building, land, or similar property?		
■ No	o. Go to Pai	rt 2.			
□ Ye	es. Where i	is the property?			
art 2:	<b>.</b>	Your Vehicles			
□ N		dono, indotoro, oport dimity vo	hicles, motorcycles		
■ Ye		uono, musicio, opon uminy vo	hicles, motorcycles		
■ Ye	es			Do not deduct secured cl	
■ Ye	es Make:	Dodge Caravan	Who has an interest in the property? Check one  Debtor 1 only		ed claims on Schedule D:
■ Ye	es  Make:  Model:	Dodge Caravan 2007	Who has an interest in the property? Check one	the amount of any secure	ed claims on Schedule D:
■ Ye	Make:  Model:  Year:  Approximat	Dodge Caravan 2007 te mileage: 195000	Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Clair	ed claims on Schedule D: ims Secured by Property.
■ Ye	es  Make:  Model:  Year:	Dodge Caravan 2007 te mileage: 195000	Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only	the amount of any secure Creditors Who Have Clair  Current value of the entire property?	ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?
■ Ye	Make:  Model:  Year:  Approximat	Dodge Caravan 2007 te mileage: 195000	Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Clai  Current value of the	ed claims on Schedule D: ims Secured by Property.  Current value of the
3.1	Make:  Model:  Year:  Approximat Other inform	Dodge Caravan 2007 te mileage: 195000	Who has an interest in the property? Check one  □ Debtor 1 only ■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)	the amount of any secure Creditors Who Have Clair Current value of the entire property? \$1,478.00	ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$1,478.00
3.1 3.2	Make:Model:Year:Approximat Other inform	Dodge Caravan 2007 te mileage: 195000 mation:	Who has an interest in the property? Check one  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property	the amount of any secure Creditors Who Have Clair Current value of the entire property? \$1,478.00  Do not deduct secured of the amount of any secure	ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$1,478.00
3.1 3.2	Make:  Model:  Year:  Approximat Other inform  Make:  Model:	Dodge Caravan 2007 te mileage: 195000 mation:  Chevrolet Trailblazer 2005	Who has an interest in the property? Check one  □ Debtor 1 only ■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one	the amount of any secure Creditors Who Have Clair Current value of the entire property? \$1,478.00  Do not deduct secured of the amount of any secure	ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$1,478.00  laims or exemptions. Put ed claims on Schedule D:
■ Y <sub>0</sub>	Make:  Model:  Year:  Approximal Other inform  Make:  Model:  Year:  Year:  Approximat	Dodge Caravan 2007 te mileage: 195000 mation:  Chevrolet Trailblazer 2005 te mileage: 180000	Who has an interest in the property? Check one  □ Debtor 1 only ■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Clair Current value of the entire property? \$1,478.00  Do not deduct secured of the amount of any secure Creditors Who Have Clair	ced claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$1,478.00  claims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
■ Y <sub>0</sub>	Make:  Model:  Year:  Approximat Other inform  Make:  Model:  Year:	Dodge Caravan 2007 te mileage: 195000 mation:  Chevrolet Trailblazer 2005 te mileage: 180000	Who has an interest in the property? Check one  □ Debtor 1 only ■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only	the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$1,478.00  Do not deduct secured of the amount of any secure Creditors Who Have Clair  Current value of the entire property?	current value of the portion you own?  \$1,478.00  Laims or exemptions. Put ed claims on Schedule Dims Secured by Property.  Current value of the portion you own?
3.1 3.2	Make:  Model:  Year:  Approximal Other inform  Make:  Model:  Year:  Year:  Approximat	Dodge Caravan 2007 te mileage: 195000 mation:  Chevrolet Trailblazer 2005 te mileage: 180000	Who has an interest in the property? Check one  □ Debtor 1 only ■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$1,478.00  Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the	current value of the portion you own?  \$1,478.00  Laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the portion of the portion you own?

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1 Debtor 2	John Williard Toothman, Jr Angela Ann Toothman	Case number (if known)	
	ne dollar value of the portion you own for all of your entries from Pa s you have attached for Part 2. Write that number here		\$3,811.00
Part 2: D	escribe Your Personal and Household Items	_	
	own or have any legal or equitable interest in any of the following ite	ems?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
<i>Examp</i> □ No	hold goods and furnishings o/es: Major appliances, furniture, linens, china, kitchenware		ciamic of exemptions.
Yes	s. Describe		
	Miscellaneous household items		\$830.00
□ No	pnics ples: Televisions and radios; audio, video, stereo, and digital equipment; including cell phones, cameras, media players, games ples. Describe	computers, printers, scanners; music co	llections; electronic devices
	2 tvs		\$425.00
Examp	tibles of value  oles: Antiques and figurines; paintings, prints, or other artwork; books, pic  other collections, memorabilia, collectibles  c. Describe  Family photos  no cash value	ctures, or other art objects; stamp, coin, o	or baseball card collections; \$0.00
Examp ■ No	ment for sports and hobbies  bles: Sports, photographic, exercise, and other hobby equipment; bicycle musical instruments  b. Describe	s, pool tables, golf clubs, skis; canoes a	nd kayaks; carpentry tools;
Exam	nples: Pistols, rifles, shotguns, ammunition, and related equipment  b. Describe		
	2 old rifles		\$300.00
□ No	es  nples: Everyday clothes, furs, leather coats, designer wear, shoes, acces  Describe  Miscellaneous items	sories	\$515.00
	MISCEIIGHEOUS HEIHS		φ313.00
☐ No	Iry nples: Everyday jewelry, costume jewelry, engagement rings, wedding rir s. Describe	ngs, heirloom jewelry, watches, gems, go	old, silver

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1 Debtor 2	John Williard Angela Ann			Case numb	per (if known)
		Misce	llaneous items		\$315.
Exam ■ No	arm animals aples: Dogs, cats, b	birds, ho	rses		
■ No	ther personal and		-	not already list, including any health aids you di	d not list
				art 3, including any entries for pages you have a	*\$2,385.00
Part 4: De	escribe Your Finance	cial Asse	ts		
				any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No				me, in a safe deposit box, and on hand when you fi	le your petition
Exam				unts; certificates of deposit; shares in credit unions with the same institution, list each.  Institution name:	, brokerage houses, and other similar
		17.1.	Checking	Key Bank	\$200.
		17.2.	Checking	Key Bank	\$400.
			cly traded stocks ent accounts with bro	kerage firms, money market accounts	
☐ Yes.			Institution or issuer	name:	
	oublicly traded stoventure	ock and	interests in incorpo	orated and unincorporated businesses, includin	g an interest in an LLC, partnership, a
	. Give specific info		about them me of entity:	% of owner	ership:
Nego: Non-r	tiable instruments	include	personal checks, cas	tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders nsfer to someone by signing or delivering them.	i.
Negor Non-r ■ No	tiable instruments	include pents are	personal checks, cas those you cannot tra	hiers' checks, promissory notes, and money orders	i.
Negon Non-r ■ No □ Yes. 21. Retire Exam ■ No	tiable instruments negotiable instrum  Give specific info	include pents are primation Iss accoun RA, ERI	personal checks, cas those you cannot tra about them uer name: ts SA, Keogh, 401(k), 4	hiers' checks, promissory notes, and money orders	

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	ebtor 1 ebtor 2	John Williard Toothman, Angela Ann Toothman	Jr	Case number (if know	wn)
		Type of acco	unt: Institution	name:	
22.	Your sh Examp ☐ No		prepaid rent, public utilities (ele	ntinue service or use from a company ectric, gas, water), telecommunications com	panies, or others
			401(k)		\$90.00
22	A				
۷٥.	■ No	es (A contract for a periodic pay  Issuer name and o		in life of for a number of years)	
24			count in a qualified ABI F pr	ogram, or under a qualified state tuition	program.
		C. §§ 530(b)(1), 529A(b), and 52		ogiani, or andor a quannoa otato tanton	program.
	☐ Yes	Institution name a	nd description. Separately file	the records of any interests.11 U.S.C. § 521	(c):
25.	■ No			ng listed in line 1), and rights or powers	exercisable for your benefit
	☐ Yes.	Give specific information about t	hem		
26.		s, copyrights, trademarks, trad les: Internet domain names, web			
	☐ Yes.	Give specific information about t	hem		
27.	Examp  ■ No		censes, cooperative association	on holdings, liquor licenses, professional lic	enses
	⊔ Yes.	Give specific information about t	hem		
M	oney or p	property owed to you?			Current value of the portion you own?  Do not deduct secured claims or exemptions.
28.		unds owed to you			
	■ No □ Yes. 0	Give specific information about the	nem, including whether you alr	eady filed the returns and the tax years	
29.	_ ′		ny, spousal support, child supp	port, maintenance, divorce settlement, prop	erty settlement
	■ No □ Yes. 0	Give specific information			
30.		mounts someone owes you les: Unpaid wages, disability ins benefits; unpaid loans you r		nefits, sick pay, vacation pay, workers' con	npensation, Social Security
	_	Give specific information			
31.		ts in insurance policies les: Health, disability, or life insu	rance; health savings account	(HSA); credit, homeowner's, or renter's inst	urance
	Yes. I	Name the insurance company of Company		Beneficiary:	Surrender or refund

Official Form 106A/B Schedule A/B: Property page 4

Debtor 1 Debtor 2	John Williard Toothman, Jr Angela Ann Toothman	Case number (if known)	
	Group policy no cash value		\$0.00
If you somed	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or one has died.  Give specific information	are currently entitled to rec	eive property because
Exam <sub>i</sub> ■ No	s against third parties, whether or not you have filed a lawsuit or made a demander. Accidents, employment disputes, insurance claims, or rights to sue  Describe each claim	and for payment	
■ No	contingent and unliquidated claims of every nature, including counterclaims	of the debtor and rights to	o set off claims
■ No	Give specific information		
	the dollar value of all of your entries from Part 4, including any entries for pag art 4. Write that number here		\$690.00
Part 5: De	scribe Any Business-Related Property You Own or Have an Interest In. List any real esta	ate in Part 1.	
No. Go	own or have any legal or equitable interest in any business-related property? o to Part 6. Go to line 38.		
	scribe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest you own or have an interest in farmland, list it in Part 1.	st In.	
■ No.	u own or have any legal or equitable interest in any farm- or commercial fishin Go to Part 7. Go to line 47.	ng-related property?	
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above		
Exam <sub>i</sub> ■ No	u have other property of any kind you did not already list?  bles: Season tickets, country club membership		
	Give specific information the dollar value of all of your entries from Part 7. Write that number here		\$0.00

Official Form 106A/B Schedule A/B: Property page 5

	illiard Toothman, Jr Ann Toothman			Case number (if known)	
Part 8: List the To	als of Each Part of this Form				
55. Part 1: Total rea	l estate, line 2				\$0.00
56. Part 2: Total vel	nicles, line 5		\$3,811.00	_	
57. Part 3: Total pe	rsonal and household items, line 15		\$2,385.00		
58. Part 4: Total fin	ancial assets, line 36		\$690.00		
59. Part 5: Total bu	siness-related property, line 45		\$0.00		
60. Part 6: Total far	m- and fishing-related property, line 52		\$0.00		
61. Part 7: Total oth	er property not listed, line 54	+	\$0.00		
62. Total personal p	property. Add lines 56 through 61		\$6,886.00	Copy personal property total	\$6,886.00

Official Form 106A/B Schedule A/B: Property

63. Total of all property on Schedule A/B. Add line 55 + line 62

page 6

\$6,886.00

Fill in this information to identify your case:						
Debtor 1	John Williard Too	othman, Jr				
	First Name	Middle Name	Last Name			
Debtor 2 Angela Ann Toothman						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF OHIO			
Case number						
(if known)					Check if this is an	
					amended filing	

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

## Part 1: Identify the Property You Claim as Exempt

1.	Which set of exemptions are you claiming? Che	ck one only, even if vo	ur spouse is filina with you

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption			
	Copy the value from Schedule A/B	Check	only one box for each exemption.		
2007 Dodge Caravan 195000 miles Line from Schedule A/B: 3.1	\$1,478.00			Ohio Rev. Code Ann. § 2329.66(A)(2)	
Line Holli Schedule A.B. 3.1			00% of fair market value, up to ny applicable statutory limit	2020.00(A)(2)	
2005 Chevrolet Trailblazer 180000 miles	\$2,333.00	•	\$3,775.00	Ohio Rev. Code Ann. § 2329.66(A)(2)	
Line from Schedule A/B: 3.2			00% of fair market value, up to ny applicable statutory limit		
Miscellaneous items Line from Schedule A/B: 12.1	\$315.00			Ohio Rev. Code Ann. §	
Line Holli Schedule A/B. 12.1			00% of fair market value, up to ny applicable statutory limit	2329.66(A)(4)(b)	
401(k)	\$90.00			Ohio Rev. Code Ann. §	
Line from Schedule A/B: 22.1			00% of fair market value, up to ny applicable statutory limit	2329.66(A)(10)(b)	
Group policy no cash value	\$0.00			Ohio Rev. Code Ann. §§	
Line from Schedule A/B: 31.1			00% of fair market value, up to ny applicable statutory limit	2329.66(A)(6)(c), 3917.05	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

3.	Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
	■ No
	☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
	□ No
	□ Yes

_	John Williard Toothman, Jr	C. N		
In re	Angela Ann Toothman		Case No.	
		Debtor(s)		

# SCHEDULE C - PROPERTY YOU CLAIM AS EXEMPT Attachment A

Debtor hereby claims all allowable exemptions pursuant to 11 U.S.C. 522 et seq. in the event exemptions claimed pursuant to R.C. 2329.66 et seq. are not applicable.

Fill in this information to identify	/ voil case.			
	rd Toothman, Jr			
First Name	Middle Name Last Name		-	
Debtor 2 (Spouse if, filing)  Angela Ann First Name	Toothman  Middle Name  Last Name		_	
(Spouse II, IIIIIIg)				
United States Bankruptcy Court fo	r the: NORTHERN DISTRICT OF OHIO		_	
Case number				
(if known)			☐ Check	if this is an
			amend	ded filing
Official Farms 100D				
Official Form 106D				
Schedule D: Credite	ors Who Have Claims Secure	ed by Propert	: <b>y</b>	12/15
	ible. If two married people are filing together, both are fill it out, number the entries, and attach it to this form.			
1. Do any creditors have claims secu	red by your property?			
	omit this form to the court with your other schedules.	You have nothing else	to report on this form	
_	•	Tou have nouning eise	to report on this loint.	
Yes. Fill in all of the information	ation below.			
Part 1: List All Secured Claim	S	Caluman A	Caluma P	Caluman C
	has more than one secured claim, list the creditor separat		Column B  Value of collateral	Column C Unsecured
	or has a particular claim, list the other creditors in Part 2. A nabetical order according to the creditor's name.	Do not deduct the	that supports this	portion
CNAC	Describe the property that apprope the claim.	value of collateral.	claim	If any
2.1 CNAC Creditor's Name	Describe the property that secures the claim:  2005 Chevrolet Trailblazer 180000	\$5,500.00	\$2,333.00	\$3,167.00
Creaner o manie	miles			
777 CANTON RD	As of the date you file, the claim is: Check all that	1		
Akron, OH 44312	apply. □ Contingent			
Number, Street, City, State & Zip Code				
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only		secured		
Debtor 2 only	,			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and ano	_			
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)			
Data dahtuma in anna d	Look A digita of account growth an			
Date debt was incurred	Last 4 digits of account number			
2.2 FREEDOM AUTO	Describe the property that secures the claim:	\$2,000.00	\$1,478.00	\$522.00
Creditor's Name	2007 Dodge Caravan 195000 miles	φ2,000.00	<u>Ψ1,476.00</u>	φ322.00
	2007 Bodge Garavan 130000 nines			
<b>1816 CLEVELAND AVE</b>	As of the date you file the plains in Observation that			
SW	As of the date you file, the claim is: Check all that apply.			
Canton, OH 44707	Contingent			
Number, Street, City, State & Zip Code				
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
Debtor 1 only	<u> </u>	d		
Debtor 2 only	An agreement you made (such as mortgage or car loan)	securea		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and ano				
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt				
Date debt was incurred	Last 4 digits of account number			

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1	John Williard Toothman, Jr			Case number (if known)	
	First Name	Middle Name	Last Name	-	
Debtor 2	Angela Ann Toothman				
	First Name	Middle Name	Last Name		
A -1 -1 41	delles celes et cers es	. 4	\\\	<b>₾7 500 0</b>	Λ .

Add the dollar value of your entries in Column A on this page. Write that number here: \$7,500.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$7,500.00

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

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				I	
Fill in this info	rmation to identify your cas				
Debtor 1	John Williard Tooth First Name	man, Jr Middle Name Last Name			
Debtor 2	Angela Ann Toothm				
(Spouse if, filing)	First Name	Middle Name Last Name			
United States B	Sankruptcy Court for the:	IORTHERN DISTRICT OF OHIO			
•	_				
Case number (if known)				□ Check	if this is an
,				_	led filing
00000	4005/5				
Official For					40/45
		O Have Unsecured Claims  art 1 for creditors with PRIORITY claims and Part 2 for			12/15
Schedule G: Exec Schedule D: Cred left. Attach the Co	cutory Contracts and Unexpired litors Who Have Claims Secure	at could result in a claim. Also list executory contract I Leases (Official Form 106G). Do not include any cre I by Property. If more space is needed, copy the Part If you have no information to report in a Part, do not f	editors with partially s t you need, fill it out,	secured claims that a number the entries i	are listed in n the boxes on the
Part 1: List	All of Your PRIORITY Unse	cured Claims			
	itors have priority unsecured c	laims against you?			
□ No. Go to	Part 2.				
Yes.					
identify what possible, list	type of claim it is. If a claim has b the claims in alphabetical order a	a creditor has more than one priority unsecured claim, lis oth priority and nonpriority amounts, list that claim here a ccording to the creditor's name. If you have more than tw ular claim, list the other creditors in Part 3.	and show both priority a	and nonpriority amoun	ts. As much as
(For an expla	nation of each type of claim, see	the instructions for this form in the instruction booklet.)	Total claim	Priority	Nonpriority
			Total claim	amount	amount
	OLL COUNTY CSEA	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
,	Creditor's Name ST MAIN ST	When was the debt incurred?			
Carrol	Iton, OH 44615			-	
	Street City State Zip Code red the debt? Check one.	As of the date you file, the claim is: Check a	all that apply		
Debtor 1		Contingent			
Debtor 1	•	☐ Unliquidated —			
_	•	Disputed			
■ Debtor 1	and Debtor 2 only	Type of PRIORITY unsecured claim:			
☐ At least	one of the debtors and another	Domestic support obligations			
	f this claim is for a community		•		
_	subject to offset?	Claims for death or personal injury while yo	ou were intoxicated		
■ No □ Yes		Other. Specify NOTICE ONLY			
		NOTICE SILET			
	WOOD	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
4333 2	Creditor's Name 20TH ST NW n, OH 44708	When was the debt incurred?		-	
Number	Street City State Zip Code	As of the date you file, the claim is: Check a	all that apply		
_	red the debt? Check one.	☐ Contingent			
Debtor 1	•	☐ Unliquidated			
Debtor 2	2 only	☐ Disputed			
■ Debtor 1	and Debtor 2 only	Type of PRIORITY unsecured claim:			
☐ At least	one of the debtors and another	■ Domestic support obligations			
☐ Check i	f this claim is for a community	<b>debt</b> ☐ Taxes and certain other debts you owe the	government		
	subject to offset?	☐ Claims for death or personal injury while yo	ou were intoxicated		
■ No		Other. Specify			
☐ Yes		CHILD SUPPORT (	MONTHI Y)		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 11

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27297

Best Case Bankruptcy

		John Williard Toothman, Jr Angela Ann Toothman	Case number (if known)	
Par	t 2:	List All of Your NONPRIORITY Unsecu	red Claims	
3.	Do any	y creditors have nonpriority unsecured claim	s against you?	
	□ No.	You have nothing to report in this part. Submit t	his form to the court with your other schedules.	
	■ Yes	5.		
4.	unsecu	ured claim, list the creditor separately for each claine creditor holds a particular claim, list the other	alphabetical order of the creditor who holds each claim. If a creditor has more tha aim. For each claim listed, identify what type of claim it is. Do not list claims already inc creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the	cluded in Part 1. If more
	_			Total claim
4.1	Α	D ASTRA RECOVERY	Last 4 digits of account number	\$524.00
	73	onpriority Creditor's Name 330 W 33RD ST #118 /ichita, KS 67205	When was the debt incurred?	-
		umber Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	W	ho incurred the debt? Check one.		
		Debtor 1 only	☐ Contingent	
		Debtor 2 only	☐ Unliquidated	
		Debtor 1 and Debtor 2 only	☐ Disputed	
		At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		Check if this claim is for a community	☐ Student loans	
		ebt	Obligations arising out of a separation agreement or divorce that you did not	
	_	the claim subject to offset?	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
		No		
	L	] Yes	Other. Specify LOAN	-
4.2		MERICAN ELECTRIC	Last 4 digits of account number 2764	\$2,584.00
	P	onpriority Creditor's Name O BOX 371496 ittsburgh, PA 15250-7496	When was the debt incurred?	-
	Nu	umber Street City State Zip Code (ho incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
		Debtor 1 only	☐ Contingent	
		Debtor 2 only	☐ Unliquidated	
		Debtor 1 and Debtor 2 only	□ Disputed	
		At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		Check if this claim is for a community	☐ Student loans	
	de	ebt the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
		] Yes	■ Other. Specify SERVICE	_

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 11

2 Angela Ann Toothman Case number (if known)				
BOTTOM DOLLAR	Last 4 digits of account number	\$645.00		
Nonpriority Creditor's Name C/O MIDWEST RECOVERY SYSTEMS 514 EARTH CITY PLAZA #100 Earth City, MO 63045	When was the debt incurred?			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
■ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts			
Yes	■ Other. Specify MISC			
CB INDIGO	Last 4 digits of account number	\$377.00		
Nonpriority Creditor's Name PO BOX 4499	When was the debt incurred?			
Beaverton, OR 97076  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.				
Debtor 1 only	Contingent			
Debtor 2 only	☐ Unliquidated			
■ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not			
Is the claim subject to offset?	report as priority claims			
No	☐ Debts to pension or profit-sharing plans, and other similar debts			
Yes	Other. Specify CREDIT CARD			
CENTRALIZED BUSINESS SOLUT Nonpriority Creditor's Name	Last 4 digits of account number	\$25.00		
PO BOX 2818 North Canton, OH 44720-0818	When was the debt incurred?			
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
Debtor 1 only	Политическ			
Debtor 2 only	☐ Contingent ☐ Unliquidated			
■ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:			
_	☐ Student loans			
☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
☐ Yes	Other Specify COLLECTION			

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 11

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	John Williard Toothman, Jr Angela Ann Toothman	Case number (if known)	
4.6	COLL ACQ CO/PAYLIANCE	Last 4 digits of account number	\$136.00
	Nonpriority Creditor's Name PO BOX 5023	When was the debt incurred?	• • • • • • • • • • • • • • • • • • • •
-	New York, NY 10163  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify COLLECTION	
4.7	CONVERGENCE ACQUISITIONS	Last 4 digits of account number	\$3,796.00
	Nonpriority Creditor's Name C/O GERNER & KEARNS CO LPA 7900 TANNERS GATE LANE	When was the debt incurred?	
	Florence, KY 41042  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	□ otit	
	Debtor 2 only	☐ Contingent	
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated	
	_	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify JUDGMENT	
	CREDIT ONE Nonpriority Creditor's Name	Last 4 digits of account number 4901	\$597.00
	PO BOX 60500 City of Industry, CA 91716-0500	When was the debt incurred?	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other, Specify CREDIT CARD	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 11

2 Angela Ann Toothman	Case number (if known)	
DBS FINANCIAL	Last 4 digits of account number	\$4,387.0
Nonpriority Creditor's Name 2823 GILCHRIST RD	When was the debt incurred?	
Akron, OH 44305 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify DEFICIENCY	
FIDELITY PROPERTIES	Last 4 digits of account number	\$788.0
Nonpriority Creditor's Name 885 S SAWBURG AVE #103	When was the debt incurred?	
Alliance, OH 44601  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	,	
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	□ Unliquidated	
■ Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify COLLECTION	
FIRST PREMIER	Last 4 digits of account number	\$794.0
Nonpriority Creditor's Name 3820 N LOUISE AVE	When was the debt incurred?	******
Sioux Falls, SD 57107-0145		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.  Debtor 1 only	П	
Debtor 2 only	Contingent	
_	Unliquidated	
■ Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify	

Schedule E/F: Creditors Who Have Unsecured Claims

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or 2 Angela Ann Toothman	Case number (if known)	
FIRST PREMIER	Last 4 digits of account number	\$487.00
Nonpriority Creditor's Name 3820 N LOUISE AVE	When was the debt incurred?	
Sioux Falls, SD 57107-0145  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	•	
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify CREDIT CARD	
FRONTIER COMMUNICATIONS	Last 4 digits of account number	\$54.00
Nonpriority Creditor's Name 1398 S WOODLAND BLVD Deland, FL 32720	When was the debt incurred?	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify SERVICE	
NAVIENT	Last 4 digits of account number	\$14,871.00
Nonpriority Creditor's Name 123 JUSTISON ST 3RD FL	When was the debt incurred?	
Wilmington, DE 19801  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	The state year may are stated to shook an area apply	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	☐ Other. Specify	

Schedule E/F: Creditors Who Have Unsecured Claims

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PLAIN GREEN LOANS	Last 4 digits of account number	\$1,400.0
Nonpriority Creditor's Name 93 MACK RD #600 PO BOX 270	When was the debt incurred?	
Box Elder, MT 59521  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify <b>LOAN</b>	
RADIOLOGY ASSOC OF CANTON	Last 4 digits of account number	\$725.0
Nonpriority Creditor's Name	<u> </u>	<u> </u>
PO BOX 72384 Cleveland, OH 44192	When was the debt incurred?	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Пол	
Debtor 2 only	☐ Contingent	
_	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?  ■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
■ No □ Yes	Other. Specify MEDICAL	
	— outlot. opcomy	
ROBERT HAMILTON III MD INC  Nonpriority Creditor's Name	Last 4 digits of account number	\$283.0
1455 HARRISON AVE NW #202 Canton, OH 44708	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify MEDICAL	

Schedule E/F: Creditors Who Have Unsecured Claims

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Nonpriority Creditor's Name   PO BOX 660075   Dallas, TX 75266-0075   Dallas	\$1,079.0
PO BOX 660075 Dallas, TX 75266-0075 Number Street City State Zip Code Who incurred the debt? Check one.    Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   At least one of the debtors and another	
Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only I contingent Debtor 1 and Debtor 2 only I cleast one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? STATE OF OHIO Nonpriority Creditor's Name COMPLIANCE DIVISION PO BOX 1090 Columbus, OH 43216 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply When was the debt incurred?  State leads one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Debtor 1 only Debtor 2 only As of the date you file, the claim is: Check all that apply  TRANSWORLD SYSTEMS Nonpriority Creditor's Name Cother. Specify  TRANSWORLD SYSTEMS Nonpriority Creditor's Name 233 MERCURY WAY #275 Santa Rosa, CA 95407 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only When was the debt incurred?  When was the debt incurred? When was the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  TRANSWORLD SYSTEMS Nonpriority Creditor's Name 233 MERCURY WAY #275 Santa Rosa, CA 95407 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Contingent  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts 1 on Debts 2 only Other. Specify SERVICE  STATE OF OHIO Nonpriority Creditor's Name COMPLIANCE DIVISION PO BOX 1090 Columbus, OH 43216 Number Street City State 2 Dede Who incurred the debt? Check one. Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 3 and Debtor 2 only Debtor 4 least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts 5 opension or profit-sharing plans, and other similar debts Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts 5 opension or profit-sharing plans, and other similar debts Debts 6 opension or profit-sharing plans, and other similar debts Debts 6 opension or profit-sharing plans, and other similar debts Debts 6 opension or profit-sharing plans, and other similar debts Debts 6 opension or profit-sharing plans, and other similar debts Debts 6 opension or profit-sharing plans, and other similar debts Debts 7 opension or profit-sharing plans, and other similar debts Debts 6 opension or profit-sharing plans, and other similar debts Debts 6 opension or profit-sharing plans, and other similar debts Debts 7 opension or profit-sharing plans, and other similar debts Debts 8 opension or profit-sharing plans, and other similar debts Debts 8 opension or profit-sharing plans, and other similar debts Debts 8 opension or profit-sharing plans, and other similar debts Debts 8 opension or profit-sharing plans, and other similar debts Debts 8 opension or profit-sharing plans, and other similar debts Debts 9	
Debtor 1 only	
Debtor 2 only	
Debtor 1 and Debtor 2 only	
At least one of the debtors and another   Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts to pension or profit-sharing plans, and other similar debts   STATE OF OHIO   Last 4 digits of account number   STATE OF OHIO   STATE OF OHIO   STATE OF OHIO   Last 4 digits of account number   STATE OF OHIO   STATE OF OHIO   STATE OF OHIO   Last 4 digits of account number   STATE OF OHIO   STATE OF OHIO   STATE OF OHIO   COMPLIANCE DIVISION   PO BOX 1090   COMPLIANCE DIVISION   OBOX 1090   COMPLIANCE DIVISION   OBOX 1090   COMPLIANCE DIVISION   OBOX 1090   COMPLIANCE OF OHIO   OBOX 1090   COMING OF OHIO   OBOX 1090   OBOX 1090   COMING OF OHIO   OBOX 1090	
Check if this claim is for a community debt   STATE OF OHIO   Poebtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 st he claim subject to offset?   Steelaim subject to offset?   Steelaim sis for a community debt   Debtor 1 only   Debts to pension or profit-sharing plans, and other similar debts   State Zip Code   As of the date you file, the claim is: Check all that apply   Contingent   Debtor 1 only   Debtor 2 only   Disputed   Type of NONPRIORITY unsecured claim:   Student loans   Debtor 1 only   Debtor 2 only   Disputed   Disputed   Disputed   Disputed   Disputed   Disputed   Disputed   Disputed   Debtor 2 only   Debtor 3 only   Debtor 3 only   Debtor 4 only   Debtor 5 only   Debtor 5 only   Debtor 5 only   Disputed	
Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?  No  Debts to pension or profit-sharing plans, and other similar debts  Cother. Specify SERVICE  STATE OF OHIO  Last 4 digits of account number  Nonpriority Creditor's Name COMPLIANCE DIVISION PO BOX 1090 Columbus, OH 43216  Nember Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 so the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Debts to pension or profit-sharing plans, and other similar debts  TRANSWORLD SYSTEMS Nonpriority Creditor's Name 2235 MERCURY WAY #275 Santa Rosa, CA 95407 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Contingent Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only As of the date you file, the claim is: Check all that apply  When was the debt incurred?  Santa Rosa, CA 95407 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Contingent	
STATE OF OHIO  Nonpriority Creditor's Name COMPLIANCE DIVISION PO BOX 1090 Columbus, OH 43216  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Is the claim subject to offset?  No Yes  TRANSWORLD SYSTEMS Nonpriority Creditor's Name 2235 MERCURY WAY #275 Santa Rosa, CA 95407 Number Street City State Zip Code Who incurred the debt? Check one.  SERVICE  When was the debt incurred?  2010  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is check all that apply  Who incurred the debt? Check one.  SERVICE  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  BACK TAXES  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply	
STATE OF OHIO  Nonpriority Creditor's Name COMPLIANCE DIVISION PO BOX 1090 Columbus, OH 43216 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Poss No Debtor 1 only Student loans Debtor 2 only Student loans Debtor 3 only Student loans Debtor 4 only Student loans Debtor 5 only Student loans Debtor 6 NonPRIORITY unsecured claim: Debtor 1 only Student loans Debts to pension or profit-sharing plans, and other similar debts  TRANSWORLD SYSTEMS Nonpriority Creditor's Name 2235 MERCURY WAY #275 Santa Rosa, CA 95407 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply Contingent	
Nonpriority Creditor's Name COMPLIANCE DIVISION PO BOX 1090 Columbus, OH 43216  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 sthe claim is for a community debt Is the claim subject to offset? No Debts responsible to offset? No Debts responsible to offset? TRANSWORLD SYSTEMS Nonpriority Creditor's Name 2235 MERCURY WAY #275 Santa Rosa, CA 95407 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only When was the debt incurred? 2010  Contingent Contingent Debtix to Contingent Debtix to pension or profit-sharing plans, and other similar debts Debtix of pension or profit-sharing plans, and other similar debts When was the debt incurred?  As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent	
Nonpriority Creditor's Name COMPLIANCE DIVISION PO BOX 1090 Columbus, OH 43216  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts 1 offset? No Debts 2 offset? No Debts 3 offset City State Zip Code Who incurred the debt?  End of the debt one. Debts 4 offset City State Zip Code  TRANSWORLD SYSTEMS Nonpriority Creditor's Name 2235 MERCURY WAY #275 Santa Rosa, CA 95407 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only  When was the debt incurred? 2010  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply	\$2,000.0
Columbus, OH 43216  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts a priority claims Debts a priority claims Debts a priority Creditor's Name 2235 MERCURY WAY #275 Santa Rosa, CA 95407 Number Street City State Zip Code Who incurred the debt? Check one. Debts to pension or profile, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one. Debts to pension or profile. Specify BACK TAXES  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one. Debts to pension or profile. Specify Debts to pension or profile. Specify BACK TAXES  Check all that apply  As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one. Debts to pension or profile. Specify Debts to pen	
Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 as priority claims Debts to pension or profit-sharing plans, and other similar debts  TRANSWORLD SYSTEMS Nonpriority Creditor's Name 2235 MERCURY WAY #275 Santa Rosa, CA 95407 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only  As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts  TRANSWORLD SYSTEMS Nonpriority Creditor's Name 2235 MERCURY WAY #275 Santa Rosa, CA 95407 Number Street City State Zip Code Who incurred the debt? Check one. Debts to pension Contingent  Contingent Disputed Type of NONPRIORITY unsecured claim: Student loans Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts BACK TAXES  When was the debt incurred?  As of the date you file, the claim is: Check all that apply Contingent	
□ Debtor 2 only □ Disputed □ Disputed □ Disputed □ Disputed □ Check if this claim is for a community debt □ Disputed □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify ■ BACK TAXES  TRANSWORLD SYSTEMS □ Check one. □ Debts 1 only □ Contingent □ Contingent □ Contingent □ Contingent □ Contingent □ Debts 1 only □ Debts 1 only □ Contingent □ Contingent □ Debts 1 only □ Contingent □ Debts 1 only □ Contingent □ Debts 1 only □ Debts 1 only □ Contingent □ Debts 1 only □ Debts 1 only □ Contingent □ Debts 1 only □ Contingent □ Debts 1 only □ Deb	
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Debtor 1 only □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify □ BACK TAXES □ Debts 4 digits of account number □ When was the debt incurred? As of the date you file, the claim is: Check all that apply □ Contingent □ Contingent	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debtor 1 only □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify BACK TAXES   Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply □ Contingent	
Type of NONPRIORITY unsecured claim:  □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify BACK TAXES   TRANSWORLD SYSTEMS Nonpriority Creditor's Name 2235 MERCURY WAY #275 Santa Rosa, CA 95407 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Contingent  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ As 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply □ Contingent	
Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   No ☐ Debts to pension or profit-sharing plans, and other similar debts   ☐ Yes ☐ Other. Specify   BACK TAXES    TRANSWORLD SYSTEMS  Nonpriority Creditor's Name  2235 MERCURY WAY #275 Santa Rosa, CA 95407  Number Street City State Zip Code Who incurred the debt? Check one.  ☐ Debtor 1 only When was the debt incurred?  As of the date you file, the claim is: Check all that apply   ☐ Contingent	
debt Is the claim subject to offset?  No  No  Debts to pension or profit-sharing plans, and other similar debts  TRANSWORLD SYSTEMS  Nonpriority Creditor's Name 2235 MERCURY WAY #275 Santa Rosa, CA 95407  Number Street City State Zip Code Who incurred the debt? Check one.  Debts to pension or profit-sharing plans, and other similar debts  BACK TAXES  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent	
TRANSWORLD SYSTEMS  Nonpriority Creditor's Name  2235 MERCURY WAY #275 Santa Rosa, CA 95407  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Mack TAXES  Last 4 digits of account number  When was the debt incurred?  Santa Rosa, CA 95407  As of the date you file, the claim is: Check all that apply	
TRANSWORLD SYSTEMS  Nonpriority Creditor's Name  2235 MERCURY WAY #275 Santa Rosa, CA 95407  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Last 4 digits of account number  When was the debt incurred?  Santa Rosa, CA 95407  As of the date you file, the claim is: Check all that apply	
Nonpriority Creditor's Name  2235 MERCURY WAY #275 Santa Rosa, CA 95407 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Who incurred the debt? Check one.	
Nonpriority Creditor's Name  2235 MERCURY WAY #275 Santa Rosa, CA 95407  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Who incurred the debt? Check one.	\$210.0
Santa Rosa, CA 95407  Number Street City State Zip Code  Who incurred the debt? Check one.  Contingent  As of the date you file, the claim is: Check all that apply	Ψ210.
Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Contingent	
□ Debtor 1 only □ Contingent	
Contingent	
Debtor 2 only Unliquidated	
■ Debtor 1 and Debtor 2 only □ Disputed	
At least one of the debtors and another  Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	
debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No □ Debts to pension or profit-sharing plans, and other similar debts	
Yes Other. Specify COLLECTION	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 John Williard Toothman, Jr Debtor 2 Angela Ann Toothman Case number (if known) 4.2 WELLS FARGO DEALER SERVICES \$7,108.00 Last 4 digits of account number Nonpriority Creditor's Name **PO BOX 1697** When was the debt incurred? Winterville, NC 28590 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify **DEFICIENCY** ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? AMERICAN ELECTRIC POWER Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ATTN BANKRUPTCY ■ Part 2: Creditors with Nonpriority Unsecured Claims 1 AEP WAY Hurricane, WV 25526 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? ATTORNEY GENERAL OF US Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims MAIN JUSTICE BUILDING ■ Part 2: Creditors with Nonpriority Unsecured Claims 10TH & CONSTITUTION AVE NW Washington, DC 20530 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? ATTY GENERAL OF US Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **CIVIL TRIAL SECTION, NORTHERN** Part 2: Creditors with Nonpriority Unsecured Claims REG PO BOX 55 BEN FRANKLIN STATION Washington, DC 20044 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **CMRE FINANCIAL SERVICES** Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **3075 E IMPERIAL HWY 3200** Part 2: Creditors with Nonpriority Unsecured Claims Brea, CA 92821-6753 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **CREDIT COLLECTION SERVICE** Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **PO BOX 710** Part 2: Creditors with Nonpriority Unsecured Claims Norwood, MA 02062 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? CREDIT ONE Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO BOX 98872 Part 2: Creditors with Nonpriority Unsecured Claims Las Vegas, NV 89193 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

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Debtor 1 <b>John Williard Toothman, Jr</b> Debtor 2 <b>Angela Ann Toothman</b>		Case number (if known)
EDUCATION DEPARTMENT OFFICE OF GENERAL COUNSEL 400 MARYLAND AVE SW RM 6E353	Line 4.14 of (Check one):	□ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
Washington, DC 20202	Last 4 digits of account number	
Name and Address EDUCATION DEPT PO BOX 1920 Saint Paul, MN 55101-0920	On which entry in Part 1 or Part 2 did Line <b>4.14</b> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address ENHANCED RECOVERY PO BOX 57547	On which entry in Part 1 or Part 2 did Line <b>4.18</b> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Jacksonville, FL 32241-7547	Last 4 digits of account number	
Name and Address FIRST FED CREDIT CONTROL 24700 CHAGRIN BLVD #205	On which entry in Part 1 or Part 2 did Line <b>4.17</b> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Beachwood, OH 44122	Last 4 digits of account number	
Name and Address LVNV FUNDING	On which entry in Part 1 or Part 2 did Line <b>4.8</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims
PO BOX 10497 Greenville, SC 29603	Last 4 digits of account number	■ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address OHIO ATTORNEY GENERAL REVENUE RECOVERY SECTION 150 E GAY ST 21ST FL	On which entry in Part 1 or Part 2 did Line 4.19 of (Check one):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Columbus, OH 43215	Last 4 digits of account number	
Name and Address RESURGENT CAPITAL PO BOX 1269 Greenville, SC 29602	On which entry in Part 1 or Part 2 did Line 4.8 of (Check one):	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address SPEEDY CASH PO BOX 780408 Wichita, KS 67278	On which entry in Part 1 or Part 2 did Line <b>4.1</b> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Willia, 10 07270	Last 4 digits of account number	
Name and Address STATE OF OHIO OFFICE OF ATTORNEY GENERAL PO BOX 89471 Cleveland, OH 44101-6471	On which entry in Part 1 or Part 2 did Line 4.19 of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address UNITED STATES ATTORNEYS OFFICE CARL B STOKES 801 WEST SUPERIOR AVE SUITE 400	On which entry in Part 1 or Part 2 did Line <b>4.14</b> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Cleveland, OH 44113	Last 4 digits of account number	
Name and Address US DEPARTMENT OF EDUCATION DIRECT LOAN SERVICING CENTER PO BOX 5609	On which entry in Part 1 or Part 2 did Line 4.14 of (Check one):	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims

Schedule E/F: Creditors Who Have Unsecured Claims

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Best Case Bankruptcy

Debtor 1	John Williard Toothman, Jr
Debtor 2	Angela Ann Toothman

## Greenville, TX 75403-5609

Last 4 digits of account number

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 14,871.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	, , ,	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 27,999.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 42,870.00

Fill in this information to identify your case:										
Debtor 1										
	First Name	Middle Name	Last Name							
Debtor 2 Angela Ann Toothman										
(Spouse if, filing)	First Name	Middle Name	Last Name							
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF OHIO							
Case number _				☐ Check if this is an						
				amended filing						

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Cathy Moody
Carrollton, OH 44615

State what the contract or lease is for
Month by month tenancy

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Fill in this	information to identify your	case:		
Debtor 1	John Williard To	othman, Jr		
D - h t 0	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing	ng) Angela Ann Toot	hman Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRIC	T OF OHIO	
Case num	ber			☐ Check if this is an amended filing
Officia	l Form 106H			
	lule H: Your Cod	ebtors		12/15
fill it out, a your name		boxes on the left. Attac ). Answer every questio	ch the Additional Page to n.	on. If more space is needed, copy the Additional Page, o this page. On the top of any Additional Pages, write as a codebtor.
_	you have any obacotors. (II	you are ming a joint case	, do not list citier spouse	as a codesion.
■ No □ Yes	8			
	hin the last 8 years, have you na, California, Idaho, Louisiana			(Community property states and territories include ngton, and Wisconsin.)
	Go to line 3.  S. Did your spouse, former spo	use, or legal equivalent li	ve with you at the time?	
in line Form	e 2 again as a codebtor only	if that person is a guara	ntor or cosigner. Make s	if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 6G). Use Schedule D, Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line
	Number Street City	State	ZIP Code	_
_	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line
	Number Street City	State	ZIP Code	

Fill	in this information to ide	entify your ca	ase:									
Del	btor 1 <b>Jo</b>	hn Williar	d Toothman, Jr									
Debtor 2 (Spouse, if filing)  Angela Ann Toothman												
Uni	ited States Bankruptcy (	Court for the	NORTHERN DISTRIC	CT OF OHIO								
_	se number							Check if this is:				
(If kı	nown)							An amende	d filing			
										wing postpetition e following date:	chapter	
<u>O</u>	fficial Form 10	<u> </u>						MM / DD/ Y	YYY			
S	chedule I: Yo	ur Inco	ome								12/15	
spo atta	use. If you are separat	ed and you this form. (	are married and not fili r spouse is not filing w On the top of any additi	ith you, do not incl	ude infor	mati	on a	about your spo	use. If	more space is a	needed,	
1.	Fill in your employment information.			Debtor 1				Debtor 2	Debtor 2 or non-filing spouse			
	If you have more than		Employment status	■ Employed		■ Emplo	■ Employed					
	attach a separate page with information about additional		Employment status	□ Not employed		☐ Not er	☐ Not employed					
	employers.		Occupation Heavy Equipment Operator					or Medical Receptionist				
	Include part-time, seaself-employed work.	sonal, or	Employer's name	Oster Sand and Gravel				Eye Cei	Eye Centers of Ohio  800 McKinley Ave Canton, OH 44703			
	Occupation may include student or homemaker, if it applies.											
			How long employed t	here? 20 yea	rs			7	years	<b>3</b>		
Pai	rt 2: Give Details	About Mon	thly Income									
spoi	use unless you are sepa	rated. use have mo	ate you file this form. If	,	·				·	·	J	
mor	e space, attach a separa	ate sheet to	this form.									
							Fo	r Debtor 1		Debtor 2 or filing spouse		
2.			ry, and commissions (be calculate what the monthle		2.	\$	_	5,011.00	\$	2,127.00		
3.	Estimate and list mo	nthly overti	me pay.		3.	+\$		0.00	+\$	0.00		
4.	Calculate gross Inco	me. Add lin	e 2 + line 3.		4.	\$		5,011.00	\$	2,127.00		

Case number (if known)

				Debtor 1	For Debt non-filin	or 2 or g spouse			
	Copy line 4 here	4.	\$	5,011.00	\$	2,127.00			
5.	List all payroll deductions:								
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	913.00	\$	254.00			
	5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00			
	5c. Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00			
	5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00			
	5e. Insurance	5e.	\$_	0.00	\$	0.00			
	5f. Domestic support obligations	5f.	\$	0.00	\$	0.00			
	5g. Union dues	5g.	\$_	0.00	\$	0.00			
	5h. Other deductions. Specify: Union/Misc	5h.+	\$_	671.00	+ \$	0.00			
6.	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	1,584.00	\$	254.00			
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,427.00	\$	1,873.00	<u>.</u>		
8.	List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00			
	8b. Interest and dividends	8b.	\$	0.00	\$	0.00			
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00			
	8d. Unemployment compensation	8d.	\$_	0.00	\$	0.00			
	8e. Social Security	8e.	\$_	0.00	\$	0.00	•		
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.	\$	0.00	\$	0.00			
	8g. Pension or retirement income	8g.	\$	0.00	\$	0.00			
	8h. Other monthly income. Specify:	8h.+	\$_	0.00	+ \$	0.00			
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00			
10.	Calculate monthly income. Add line 7 + line 9.	10. \$		3,427.00 + \$	1,873.0	00 = \$	5,300.00		
	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			-	1,010.0	<b>–</b>	0,000.00		
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00								
12.	Add the amount in the last column of line 10 to the amount in line 11. The res Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certa</i> , applies				a, if it	2. \$	5,300.00		
13.	_ , ,	?				Combin monthly	ned y income		
	Yes. Explain:								

Fill	in this informa	ition to identify yo	our case:			I		
Deb	otor 1	John William	d Toothn	nan. Jr		Ched	ck if this is:	
	John Williard Toothman, Jr					_	An amended filing	
	otor 2 ouse, if filing)	Angela Ann	Toothma	n			A supplement show 13 expenses as of	ving postpetition chapter the following date:
		suntau Caurt far tha	. NODTL	IEDNI DISTRICT OF OUIO		-	MM / DD / YYYY	
Unit	ted States Banki	ruptcy Court for the	: NORTE	IERN DISTRICT OF OHIO			MIMI / DD / YYYY	
	se number nown)							
O.	fficial Fo	rm 106J						
S	chedule	J: Your	Exper	ises				12/1
Be info	as complete ormation. If m	and accurate as	possible eded, atta	If two married people ar ch another sheet to this				
Par		ribe Your House	hold					
1.	Is this a joir  ☐ No. Go to							
	_	es Debtor 2 live	in a separ	ate household?				
	■ N		•					
		-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents	not state the endents names.			Son		5.5	□ No ■ Yes
				Daughter			9.5	□ No ■ Yes
								□ No □ Yes
								□ No
3.	Do your exr	penses include	_				_	☐ Yes
0.	expenses o	f people other to d your depende	han $_{m \Box}$	No Yes				
exp	timate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the	•	h assistance an		government assistance it luded it on <i>Schedule I:</i> Y	•		Your exp	enses
•		,						
4.		or home owners and any rent for the		ses for your residence. In r lot.	nclude first mortgage	e 4. \$	i	1,300.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$	}	0.00
		rty, homeowner's				4b. \$		0.00
				ipkeep expenses		4c. \$		0.00
5.		owner's associat		oominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00

Debtor 1 Debtor 2			lliard Toothman, Jr Ann Toothman	Case nur	Case number (if known)			
					. ,			
6.	Utilit							
	6a.	•	, heat, natural gas	6a		350.00		
	6b.		wer, garbage collection	6b		80.00		
	6c.	•	e, cell phone, Internet, satellite, and cable services	6c	· <u> </u>	350.00		
	6d.	Other. Spe		6d		0.00		
7.			ekeeping supplies	7	*	888.00		
8.	-		children's education costs	8	·	0.00		
9.		•	lry, and dry cleaning	9		250.00		
		•	products and services	10		75.00		
			ntal expenses	11	. \$	200.00		
12.			Include gas, maintenance, bus or train fare.	12	. \$	400.00		
40			ar payments.		· -			
			clubs, recreation, newspapers, magazines, and books	13	· -	0.00		
			tributions and religious donations	14	. \$	0.00		
15.		rance.	nsurance deducted from your pay or included in lines 4 or 20.					
		Life insura	, , ,	15a	\$	0.00		
		Health ins		15b	· ·	0.00		
		Vehicle in		15c		260.00		
			urance. Specify:	15d				
16			nclude taxes deducted from your pay or included in lines 4 or		. ψ	0.00		
10.	Spec		icidde taxes deddcted from your pay or incidded in lines 4 or	20. 16	. \$	0.00		
17.		,	ease payments:		. Ψ	0.00		
			ents for Vehicle 1	17a	. \$	390.00		
			ents for Vehicle 2	17b	. \$	406.00		
		Other. Spe		17c	· -	0.00		
		Other. Spe		17d		0.00		
18.			of alimony, maintenance, and support that you did not re		*			
	dedu	icted from	your pay on line 5, Schedule I, Your Income (Official Form		. \$	0.00		
19.	Othe	er payments	s you make to support others who do not live with you.		\$	0.00		
	Spec	cify:		19				
20.			erty expenses not included in lines 4 or 5 of this form or					
			s on other property	20a		0.00		
		Real estat		20b		0.00		
			homeowner's, or renter's insurance	20c	· <u> </u>	0.00		
			nce, repair, and upkeep expenses	20d	*	0.00		
			ner's association or condominium dues	20e	. \$	0.00		
21.	Othe	er: Specify:	Misc Expenses	21	+\$	350.00		
22	Calc	ulate vour i	monthly expenses					
22.		-	through 21.		\$	5,299.00		
			(2 (monthly expenses for Debtor 2), if any, from Official Form	106 L-2	\$	3,299.00		
				1000-2		<u> </u>		
	22C.	Add line 22	a and 22b. The result is your monthly expenses.		\$	5,299.00		
23.	Calc	ulate your i	monthly net income.					
		-	12 (your combined monthly income) from Schedule I.	23a	. \$	5,300.00		
			r monthly expenses from line 22c above.	23b	\$	5,299.00		
						<u> </u>		
	23c.		our monthly expenses from your monthly income.			4.00		
		The result	t is your monthly net income.	23c	\$	1.00		
24.	For ex	xample, do yo	an increase or decrease in your expenses within the year ou expect to finish paying for your car loan within the year or do you exterms of your mortgage?			crease or decrease because of a		
			Explain here:					
		· · · · · · · · · · · · · · · · · · ·	Explain Horo.					

Fill in this infor	mation to identify your	case:				
Debtor 1	John Williard Too					
	First Name	Middle Name	Las	t Name		
Debtor 2	Angela Ann Toot					
(Spouse if, filing)	First Name	Middle Name	Las	t Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF OHIO	0			
Case number						
(if known)						Check if this is an amended filing
You must file the obtaining mone years, or both. 1	is form whenever you fi	r, both are equally responsible fo ile bankruptcy schedules or ame n connection with a bankruptcy o 1519, and 3571.	nde	ed schedules. Making a false sta		
		one who is NOT on efferments he	حام	very fill out hondry may form 2		
Dia you pa	ay or agree to pay some	one who is NOT an attorney to he	еір	you fill out bankruptcy forms?		
■ No						
☐ Yes.	Name of person	_				etition Preparer's Notice, ature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the summary and	d s	chedules filed with this declara	tion and	
X /s/ Joh	nn Williard Toothman	, Jr	Х	/s/ Angela Ann Toothman		
	Williard Toothman, J			Angela Ann Toothman		
Signatu	ire of Debtor 1			Signature of Debtor 2		
Date	February 11, 2019			Date February 11, 2019		

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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-HI	in this info	mation to identify your	· casa·				
	btor 1						
De	DIOI I	John Williard To	Middle Name	L	ast Name		
1	btor 2	Angela Ann Too					
(Spo	ouse if, filing)	First Name	Middle Name	L	ast Name		
Uni	ited States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIC	)		
	se number nown)					ı	☐ Check if this is an amended filing
		orm 107			(		
			Affairs for Indivi				4/16
info nun	rmation. If and the street in	more space is needed, vn). Answer every ques		this for	n. On the top of any		
Pa	•		rital Status and Where Yo	u Lived E	Before		
1.	What is yo	ur current marital statu	s?				
	■ Marrie □ Not ma						
2.	During the	last 3 years, have you	lived anywhere other than	where y	ou live now?		
	_		·	·			
	□ No ■ Yes I	ist all of the places you li	ved in the last 3 years. Do r	not includ	e where you live now	1	
		, ,	·		ŕ		
	Debtor 1 F	Prior Address:	Dates Debtor 1 lived there		Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
	1106 N C Louisville	hapel St e, OH 44641	From-To: Lived there 2 yrs. Current residence for yrs		Same as Debtor	1	Same as Debtor 1 From-To:
<b>3.</b> stat	es and territo	ories include Arizona, Ca	rer live with a spouse or le lifornia, Idaho, Louisiana, No nedule H: Your Codebtors (C	evada, Ne	ew Mexico, Puerto R	ity property state or ten ico, Texas, Washington a	ritory? (Community property nd Wisconsin.)
Pai	rt 2 Expla	ain the Sources of You	r Income				
4.	Fill in the to	tal amount of income you	nployment or from operati u received from all jobs and have income that you recei	all busine	esses, including part-	time activities.	calendar years?
	□ No						
	_	ill in the details.					
			Dobtor 1			Dobtor 2	
			Debtor 1	Gran	s income	Debtor 2	Gross income
			Sources of income Check all that apply.	(befo	re deductions and sions)	Sources of income Check all that apply.	(before deductions and exclusions)

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply	
From January 1 of current year until the date you filed for bankruptcy:		■ Wages, commissions, bonuses, tips \$3,432.00		■ Wages, commiss bonuses, tips	sions, \$1,900.00		
				☐ Operating a business		☐ Operating a busi	iness
	r last calend nuary 1 to	dar year: December :	31, 2018 )	■ Wages, commissions, bonuses, tips	\$53,000.00	■ Wages, commiss bonuses, tips	sions, <b>\$21,565.00</b>
				☐ Operating a business		☐ Operating a busi	iness
		dar year bef December :		■ Wages, commissions, bonuses, tips	\$53,434.00	■ Wages, commiss bonuses, tips	sions, \$6,089.00
				☐ Operating a business		☐ Operating a busi	iness
	and other pwinnings. I  List each s  No	public benef f you are fili	it payments;   ng a joint cas ne gross inco		est; dividends; money collector received together, list it constituted together.	eted from lawsuits; roya only once under Debtor	
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Pa	rt 3: List	Certain Pa	yments You	Made Before You Filed for I	Bankruptcy		
6.	Are either ☐ No.	Neither De individual p	ebtor 1 nor D orimarily for a 90 days befo	personal, family, or househol re you filed for bankruptcy, di	imer debts. Consumer debt d purpose."		S.C. § 101(8) as "incurred by an
		☐ Yes	paid that cre	each creditor to whom you pai editor. Do not include paymen payments to an attorney for th	ts for domestic support obliq		
		* Subject t		on 4/01/19 and every 3 years		or after the date of adj	justment.
	Yes.			r both have primarily consure you filed for bankruptcy, di		al of \$600 or more?	
		■ No.	Go to line 7				
		□ Yes	include pay	each creditor to whom you pai ments for domestic support of this bankruptcy case.			paid that creditor. Do not , do not include payments to an
	Creditor's	s Name and	Address	Dates of payme	nt Total amount paid	Amount you Wastill owe	as this payment for

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	btor 2 Angela Ann Toothman		Cas	se number (if known)		
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen control, or owner of 20% o	neral partners; partners or more of their voting	erships of which yog g securities; and a	ou are a genera iny managing a	ll partner; corporations gent, including one fo
	<ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	any property on a	account of a de	ebt that benefited an
	<ul><li>■ No</li><li>□ Yes. List all payments to an insider</li></ul>					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Pai	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.					
	No No					
	Yes. Fill in the details.  Case title	Nature of the case	Court or agency		Status of th	e case
	Case number				_	
	Convergence Acquisitions vs. Angela Toothman, et al CVF1800164	Lawsuit	CARROLL COUNTY OF THE PROPERTY	ST	☐ Pending ☐ On appe ☐ Conclude	
					Judgment	granted
10.	Within 1 year before you filed for bankrupt. Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		erty repossessed, f	oreclosed, garni	shed, attached	l, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happened	d			property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details.		luding a bank or fir	nancial institution	n, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date take	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes		erty in the possess			fit of creditors, a

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 otor 2	John Williard Toothman, Jr Angela Ann Toothman			Case number (	if known)	
Par	t 5:	List Certain Gifts and Contribution	s				
13.	Gifts	n 2 years before you filed for bankr No Yes. Fill in the details for each gift. Is with a total value of more than \$60 person		did you give any gifts with a total va	alue of more th	Dates you gave the gifts	? Value
	Pers Addi	on to Whom You Gave the Gift and ress:					
14.	<b>I</b>	n 2 years before you filed for bankr No Yes. Fill in the details for each gift or c			ons with a tota	value of more than	\$600 to any charity?
	Gifts more Char	s or contributions to charities that to than \$600 rity's Name ress (Number, Street, City, State and ZIP Code	otal	Describe what you contributed		Dates you contributed	Value
Par	t 6:	List Certain Losses					
15.	or ga	n 1 year before you filed for bankru mbling? No Yes. Fill in the details.	ptcy or	since you filed for bankruptcy, did	you lose anytl	ning because of the	ft, fire, other disaster,
	Desc	cribe the property you lost and the loss occurred	Include	be any insurance coverage for the the amount that insurance has paid. Ince claims on line 33 of Schedule A/B	List pending	Date of your loss	Value of property lost
Par	t 7:	List Certain Payments or Transfers	5				
16.	consi	n 1 year before you filed for bankru ulted about seeking bankruptcy or pelition peli	preparii	ng a bankruptcy petition?			rty to anyone you
	_ :	No					
	Pers Addi Ema	Yes. Fill in the details. on Who Was Paid ress il or website address on Who Made the Payment, if Not Y	ou′	Description and value of any propertions of the contract of th	perty	Date payment or transfer was made	Amount of payment
	Mille 1400 Can	er & Hornbrook D Market Avenue N. ton, OH 44714 kruptcy_attys@yahoo.com		\$335 court costs; \$44 counse \$121 partial fee	eling;	2019	\$500.00
17.	prom Do no	n 1 year before you filed for bankru ised to help you deal with your creat include any payment or transfer that	ditors o	r to make payments to your credito		r transfer any prope	rty to anyone who
		Yes. Fill in the details. on Who Was Paid ress		Description and value of any protransferred	perty	Date payment or transfer was	Amount of payment
						made	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread No  Yes. Fill in the details.	usiness or financial at ade as security (such as	ffairs? s the granting of a			
	Person Who Received Transfer Address Person's relationship to you	Description and property transfe		paymen	e any property or ts received or debts exchange	Date transfer was made
19.	<ul> <li>Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device o beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>					
	Name of trust	Description and	value of the pro	perty transfe	erred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, In:	struments, Safe Depos	sit Boxes, and St	orage Units		
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, assortion.	or other financial acco	unts; certificates	of deposit;		
	Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accounts instrument	c r	Date account was closed, sold, noved, or ransferred	Last balance before closing or transfer
21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or cash, or other valuables?				sit box or other deposit	ory for securities,	
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had an Address (Number, State and ZIP Code)		Describe th	e contents	Do you still have it?
22.	Have you stored property in a storage unit	or place other than you	ur home within 1	year before	you filed for bankruptc	y?
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe th	e contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control	for Someone Else				
23.	Do you hold or control any property that so for someone.	meone else owns? Ind	clude any proper	ty you borro	wed from, are storing fo	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City Code)		Describe th	e property	Value
Par	t 10: Give Details About Environmental Info	ormation				
For	the purpose of Part 10, the following definiti	ons apply:				
	Environmental law means any federal, state	e, or local statute or re	gulation concern	ing pollution	n, contamination, releas	es of hazardous or

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 John Williard Toothman, Jr Debtor 2 Angela Ann Toothman

Case number (if known)

	- vargola vani			(,				
			e air, land, soil, surface water, ground substances, wastes, or material.	lwater, or other medium, including s	tatutes or			
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
		means anything an envir pollutant, contaminant,	ronmental law defines as a hazardous or similar term.	waste, hazardous substance, toxic	substance,			
Rep	ort all notices, releas	ses, and proceedings tha	t you know about, regardless of when	they occurred.				
24.	Has any governmen	tal unit notified you that	you may be liable or potentially liable	under or in violation of an environm	nental law?			
	■ No □ Yes. Fill in the	details.						
	Name of site Address (Number, Stro	eet, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified a	ny governmental unit of a	any release of hazardous material?					
	■ No □ Yes. Fill in the	details.						
	Name of site Address (Number, Stre	eet, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Have you been a pa	rty in any judicial or adm	inistrative proceeding under any envi	ronmental law? Include settlements	and orders.			
	■ No □ Yes. Fill in the	details.						
	Case Title Case Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Par	t 11: Give Details A	bout Your Business or C	Connections to Any Business					
27.	Within 4 years befor	re you filed for bankrupto	y, did you own a business or have an	y of the following connections to an	y business?			
	_ `		a trade, profession, or other activity,		•			
	☐ A member o	f a limited liability compa	any (LLC) or limited liability partnershi	ip (LLP)				
	☐ A partner in	a partnership						
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of	at least 5% of the voting	or equity securities of a corporation					
	No. None of the	above applies. Go to P	art 12.					
	☐ Yes. Check all	that apply above and fill i	in the details below for each business	<b>i.</b>				
	Business Name Address		Describe the nature of the business	Employer Identification number Do not include Social Security				
	(Number, Street, City, State and ZIP Code)		Name of accountant or bookkeeper	Dates business existed				

Part 12: Sign Below

Name Address

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial

**Date Issued** 

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institutions, creditors, or other parties.

☐ Yes. Fill in the details below.

(Number, Street, City, State and ZIP Code)

Debtor 1	John Williard Loothman, Jr		
Debtor 2	Angela Ann Toothman	Case number (if known)	
with a ba		lse statement, concealing property, or obtaining money or property by fraud in connec 50,000, or imprisonment for up to 20 years, or both.	ction
/s/ Johr	n Williard Toothman, Jr	/s/ Angela Ann Toothman	
John W	illiard Toothman, Jr	Angela Ann Toothman	
	e of Debtor 1	Signature of Debtor 2	
Date F	ebruary 11, 2019	Date February 11, 2019	
Did you a	attach additional pages to Your Statement	of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?	
■ No			
☐ Yes			
Did you p	pay or agree to pay someone who is not a	n attorney to help you fill out bankruptcy forms?	
No			
☐ Yes. N	ame of Person Attach the Bankrupto	cy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1	John Williard Too			
	First Name	Middle Name	Last Name	
Debtor 2	Angela Ann Toot	hman		
Spouse if, filing)	First Name	Middle Name	Last Name	
Case number if known)				☐ Check if this is ar
if known)				☐ Check if this is ar
				amended filing

### Statement of intention for individuals Filing Under Chapter *i*

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's <b>CNAC</b> name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt:  2005 Chevrolet Trailblazer 180000 miles	<ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>	■ Yes
Creditor's FREEDOM AUTO name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt:  2007 Dodge Caravan 195000 miles	<ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>	■ Yes

#### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Debt	tor 1 John Williard Toothman, Jr tor 2 Angela Ann Toothman	Case number (if known)	
	sor's name: cription of leased perty:		□ No □ Yes
	sor's name: cription of leased perty:		□ No □ Yes
	sor's name: cription of leased perty:		□ No □ Yes
	sor's name: cription of leased perty:		□ No
	sor's name: cription of leased perty:		□ No
	sor's name: cription of leased perty:	_	□ No □ Yes
	sor's name: cription of leased perty:		□ No
	3: Sign Below er penalty of perjury, I declare that I have indicated my intention about any erty that is subject to an unexpired lease.	v property of my estate that secu	res a debt and any personal
X	/s/ John Williard Toothman, Jr  John Williard Toothman, Jr  Signature of Debtor 1  X /s/ Ang Signature of Debtor 1	Angela Ann Toothman gela Ann Toothman nature of Debtor 2	
	Date February 11, 2019 Date	February 11, 2019	

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Cascin	Case	N
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Debtor(s)

# STATEMENT OF INTENTION FOR INDIVIDUALS FILING UNDER CHAPTER 7 Attachment A

Certification: I hereby certify that on the same date as the electronic filing of this petition, a true and correct copy of the foregoing Individual Debtor(s) Statement of Intention was served by regular U.S. Mail upon all creditors contained thereon at the addresses as provided on Schedules D- F of this petition.

/S/ JOHN H. HORNBROOK

John H. Hornbrook #0019917

Attorney for Debtor(s)

1400 Market Ave N

Canton, OH 44714

Phone: (330)456-0091

Fax: (330)456-3092

Email: bankruptcy\_attys@yahoo.com

	rmation to identify your case:			neck one box only as d 2A-1Supp:	irected in this form and in Form
Debtor 1	John Williard Toothman, Jr			<u> </u>	
Debtor 2 (Spouse, if filing)	Angela Ann Toothman			■ 1. There is no pres	umption of abuse
United States  Case number	Bankruptcy Court for the: Northern District	of Ohio		applies will be n	o determine if a presumption of abuse nade under <i>Chapter 7 Means Test</i> icial Form 122A-2).
(if known)					does not apply now because of a service but it could apply later.
				☐ Check if this is a	n amended filing
Official F	Form 122A - 1				· ·
	7 Statement of Your Cu	rrent	t Monthly Inc	come	12/1
attach a separar case number (if qualifying milita	and accurate as possible. If two married people te sheet to this form. Include the line number to known). If you believe that you are exempted from the service, complete and file Statement of Exemple alculate Your Current Monthly Income	which the	e additional information sumption of abuse becau	applies. On the top of a use you do not have prir	ny additional pages, write your name and narily consumer debts or because of
1. What is	your marital and filing status? Check one o	nlv.			
	narried. Fill out Column A, lines 2-11.	.,.			
■ Marri	ed and your spouse is filing with you. Fill o	out both	Columns A and B. lines	s 2-11.	
	ed and your spouse is NOT filing with you		,		
	ing in the same household and are not leg		•	olumns A and B, lines 2	2-11.
☐ Liv	ing separately or are legally separated. Fill nalty of perjury that you and your spouse are ing apart for reasons that do not include evad	out Coli legally s	umn A, lines 2-11; do no eparated under nonbar	ot fill out Column B. By nkruptcy law that applic	checking this box, you declare under es or that you and your spouse are
101(10A). For the 6 months	rerage monthly income that you received from all or example, if you are filing on September 15, the 6-15, add the income for all 6 months and divide the total the same rental property, put the income from that	month per al by 6. Fil	riod would be March 1 thro I in the result. Do not inclu	ugh August 31. If the amode any income amount m	ount of your monthly income varied during ore than once. For example, if both
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse
_	oss wages, salary, tips, bonuses, overtime eductions).	, and co	mmissions (before all	\$\$	\$1,926.00_
Column	and maintenance payments. Do not include B is filled in.	. ,	·	\$	\$
of you o from an u and roon filled in. I	unts from any source which are regularly pryour dependents, including child supporunmarried partner, members of your househol mates. Include regular contributions from a solo not include payments you listed on line 3.	t. Include ld, your of pouse o	e regular contributions dependents, parents, nly if Column B is not	\$0.00	\$
5. Net inco	me from operating a business, profession	, or farn			
0	ocinto (hafara all daductione)	\$	Debtor 1 0.00		
1	ceipts (before all deductions)	-\$	0.00		

Official Form 122A-1

**Chapter 7 Statement of Your Current Monthly Income** 

Debtor 1 0.00

0.00 Copy here -> \$

0.00

\$ -\$ 0.00 Copy here -> \$

page 1

Best Case Bankruptcy

0.00

0.00

0.00

0.00

0.00

0.00

\$

Ordinary and necessary operating expenses

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

Net monthly income from a business, profession, or farm \$

Debtor 1 Debtor 2

Case number (if known)

				Column A Debtor 1		Column B Debtor 2 o non-filing		
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a b	enefit under					
	For you \$		0.00					
	For your spouse \$		0.00					
9.	Pension or retirement income. Do not include any am	ount received that	was a	\$	0.00	\$	0.00	
10.	benefit under the Social Security Act.  Income from all other sources not listed above. Specific Do not include any benefits received under the Social Size received as a victim of a war crime, a crime against hum domestic terrorism. If necessary, list other sources on a total below.	ecurity Act or pay nanity, or internation separate page ar	ments onal or	\$		\$		
	•			\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.			\$	0.00	\$	0.00	
	rotal amounts nom separate pages, il any.		+	Ψ	0.00	Ψ		
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the tot		\$	5,011.00	+ \$ _	1,926.00	= \$ 6,937.00	
	_						Total current month income	ııy
Part	2: Determine Whether the Means Test Applies to	You						
12.	Calculate your current monthly income for the year.	Follow these step	s:					
	12a. Copy your total current monthly income from line 1	1		Сор	y line 11	here=>	\$ 6,937.00	,
				-	-			
	Multiply by 12 (the number of months in a year)						<b>x</b> 12	
	12b. The result is your annual income for this part of the	form				12b	83,244.00	)
13.	Calculate the median family income that applies to y	ou. Follow these	steps:					
	Fill in the state in which you live.	OH						
	r iii iii tile state iii wilicii you live.	OH						
	Fill in the number of people in your household.	4						
	Fill in the median family income for your state and size of	of household.				13.	<b>\$ 87,321.00</b>	)
	To find a list of applicable median income amounts, go of for this form. This list may also be available at the bankr			in the separa	ate instrud	ctions		
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. Or Go to Part 3.	the top of page 1	, check box	1, There is	no presun	mption of abus	se.	
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	f page 1, check bo	ox 2, The pre	esumption of	f abuse is	determined b	y Form 122A-2.	
Part	3: Sign Below							
	By signing here, I declare under penalty of perjury	that the information	n on this sta	atement and	in any att	achments is to	rue and correct.	
	χ /s/ John Williard Toothman, Jr		( /s/ Ang	ela Ann To	othman			
	John Williard Toothman, Jr		Angela	Ann Tooth	nman			
	Signature of Debtor 1	D	Ū	e of Debtor 2				
	Date February 11, 2019 MM / DD / YYYY	Dat	e <b>Februa</b> MM / DD	r <mark>y 11, 2019</mark> · / YYYY	)			
	If you checked line 14a, do NOT fill out or file Form	122A-2.						
	If you checked line 14b, fill out Form 122A-2 and fil							
	,							

Official Form 122A-1

**Chapter 7 Statement of Your Current Monthly Income** 

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# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

С	hapter 7:	Liquidation	
	\$245	filing fee	_
	\$75	administrative fee	
<u>+</u>	\$15	trustee surcharge	
	\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### United States Bankruptcy Court Northern District of Ohio

In r	John Williard Toothman, Jr Angela Ann Toothman		Case No.			
		Debtor(s)	Chapter	7		
	DISCLOSURE OF COMPENSAT	TION OF ATTO	RNEY FOR DE	EBTOR(S)		
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I ce compensation paid to me within one year before the filing of the be rendered on behalf of the debtor(s) in contemplation of or in	e petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to		
	For legal services, I have agreed to accept		\$	1,162.00		
	Prior to the filing of this statement I have received		\$	121.00		
	Balance Due		\$	1,041.00		
2.	\$_335.00 of the filing fee has been paid. Note: Any additional and the state of the filing fee has been paid.	tional fee at \$250 per	<u>hour</u>			
	\$24 pre filing certificate \$20 pre discharge ed					
3.	The source of the compensation paid to me was:					
	✓ Debtor					
4.	The source of compensation to be paid to me is:					
	✓ Debtor					
5.	✓ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm					
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.					
6.	In return for the above-disclosed fee, I have agreed to render leg	gal service for all aspec	ets of the bankruptcy c	ase, including:		
	<ul><li>a. Analysis of the debtor's financial situation, and rendering ad</li><li>b. Preparation and filing of any petition, schedules, statement of</li><li>c. Representation of the debtor at the meeting of creditors and</li><li>d. [Other provisions as needed]</li></ul>	of affairs and plan whic	h may be required;			
7.	By agreement with the debtor(s), the above-disclosed fee does n	not include the following	g service:			
	CER	TIFICATION				
this	I certify that the foregoing is a complete statement of any agreed bankruptcy proceeding.	ment or arrangement fo	or payment to me for re	epresentation of the debtor(s) in		
2	2/11/2019	/s/ John H. Horn	brook			
	Date	John H. Hornbro				
		Signature of Attorn Miller & Hornbro				
		1400 Market Ave Canton, OH 447				
			ax: 330-456-3092			
		bankruptcy_atty	s@yahoo.com			
		Name of law firm				

### United States Bankruptcy Court Northern District of Ohio

In re	John Williard Toothman, Jr Angela Ann Toothman		Case No.	
		Debtor(s)	Chapter	7
Γhe ab		ICATION OF CREDITOR the attached list of creditors is true and		of their knowledge.
Date:	February 11, 2019	/s/ John Williard Toothman, John Williard Toothman, Jr Signature of Debtor	Jr	
Date:	February 11, 2019	/s/ Angela Ann Toothman Angela Ann Toothman		

Signature of Debtor

AD ASTRA RECOVERY 7330 W 33RD ST #118 Wichita, KS 67205

AMERICAN ELECTRIC PO BOX 371496 Pittsburgh, PA 15250-7496

AMERICAN ELECTRIC POWER ATTN BANKRUPTCY 1 AEP WAY Hurricane, WV 25526

ATTORNEY GENERAL OF US MAIN JUSTICE BUILDING 10TH & CONSTITUTION AVE NW Washington, DC 20530

ATTY GENERAL OF US CIVIL TRIAL SECTION, NORTHERN REG PO BOX 55 BEN FRANKLIN STATION Washington, DC 20044

BOTTOM DOLLAR C/O MIDWEST RECOVERY SYSTEMS 514 EARTH CITY PLAZA #100 Earth City, MO 63045

CARROLL COUNTY CSEA 55 EAST MAIN ST Carrollton, OH 44615

CB INDIGO
PO BOX 4499
Beaverton, OR 97076

CENTRALIZED BUSINESS SOLUT PO BOX 2818 North Canton, OH 44720-0818

CMRE FINANCIAL SERVICES 3075 E IMPERIAL HWY 3200 Brea, CA 92821-6753

CNAC 777 CANTON RD Akron, OH 44312

COLL ACQ CO/PAYLIANCE PO BOX 5023
New York, NY 10163

CONVERGENCE ACQUISITIONS C/O GERNER & KEARNS CO LPA 7900 TANNERS GATE LANE Florence, KY 41042

CREDIT COLLECTION SERVICE PO BOX 710 Norwood, MA 02062

CREDIT ONE
PO BOX 60500
City of Industry, CA 91716-0500

CREDIT ONE
PO BOX 98872
Las Vegas, NV 89193

DBS FINANCIAL 2823 GILCHRIST RD Akron, OH 44305

EDUCATION DEPARTMENT OFFICE OF GENERAL COUNSEL 400 MARYLAND AVE SW RM 6E353 Washington, DC 20202

EDUCATION DEPT PO BOX 1920 Saint Paul, MN 55101-0920

ENHANCED RECOVERY
PO BOX 57547
Jacksonville, FL 32241-7547

FIDELITY PROPERTIES 885 S SAWBURG AVE #103 Alliance, OH 44601 FIRST FED CREDIT CONTROL 24700 CHAGRIN BLVD #205 Beachwood, OH 44122

FIRST PREMIER 3820 N LOUISE AVE Sioux Falls, SD 57107-0145

FIRST PREMIER 3820 N LOUISE AVE Sioux Falls, SD 57107-0145

FREEDOM AUTO 1816 CLEVELAND AVE SW Canton, OH 44707

FRONTIER COMMUNICATIONS 1398 S WOODLAND BLVD Deland, FL 32720

LVNV FUNDING PO BOX 10497 Greenville, SC 29603

NAVIENT 123 JUSTISON ST 3RD FL Wilmington, DE 19801

OHIO ATTORNEY GENERAL REVENUE RECOVERY SECTION 150 E GAY ST 21ST FL Columbus, OH 43215

PLAIN GREEN LOANS 93 MACK RD #600 PO BOX 270 Box Elder, MT 59521

RADIOLOGY ASSOC OF CANTON PO BOX 72384 Cleveland, OH 44192

RESURGENT CAPITAL PO BOX 1269 Greenville, SC 29602

ROBERT HAMILTON III MD INC 1455 HARRISON AVE NW #202 Canton, OH 44708

SPEEDY CASH PO BOX 780408 Wichita, KS 67278

SPRINT PO BOX 660075 Dallas, TX 75266-0075

STAR WOOD 4333 20TH ST NW Canton, OH 44708

STATE OF OHIO COMPLIANCE DIVISION PO BOX 1090 Columbus, OH 43216

STATE OF OHIO OFFICE OF ATTORNEY GENERAL PO BOX 89471 Cleveland, OH 44101-6471

TRANSWORLD SYSTEMS 2235 MERCURY WAY #275 Santa Rosa, CA 95407

UNITED STATES ATTORNEYS OFFICE CARL B STOKES 801 WEST SUPERIOR AVE SUITE 400 Cleveland, OH 44113

US DEPARTMENT OF EDUCATION DIRECT LOAN SERVICING CENTER PO BOX 5609 Greenville, TX 75403-5609

WELLS FARGO DEALER SERVICES PO BOX 1697 Winterville, NC 28590